



Sewage Pump Station and Rising Main Shutdown Request Form

Location of Works _____

(Plan to be provided)

Requested Date of Shutdown Day _____

Date _____

The proposed schedule of the shut-down is:

	Start	End	
GVW Shut down	_____	_____	(Allow minimum 30 minutes)
Contractor works	_____	_____	(include draining, connection, etc)
GVW Recharge mains	_____	_____	(Allow minimum 30 minutes)
Total Time	<div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div>		Maximum time to be set by works co-ordinator

Accredited Consultant _____

Project Manager _____

Contact No. _____

Accredited Contractor _____

Supervisor _____

Contact No. _____

Goulburn Valley Water Project Number (GLA) _____

The following approvals and legislative requirements have been satisfied (cross out as required)

	Yes	No	N/A
• Mains have been flushed and tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Asbestos Handling Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Traffic Management Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Road Opening Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• WorkSafe Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Notification of Asbestos Removal form sent to WorkSafe and GVW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Emergency Response Procedure (note: to include the appropriate disposal of contaminated waste and material)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes: